



2nd Annual Smoky Mountain Primary Care Conference

REGISTRATION FORM

DATE: SATURDAY, APRIL 27, 2024

VENUE: KERN AUDITORIUM, LAKE JUNALUSKA CONFERENCE CENTER, LAKE JUNALUSKA, NC

Please fill in the form below to register to attend.
Go to www.mysmms.org to register online to pay by credit card.

Mail check and form to:

Smoky Mountain Medical Society
900 Hendersonville Rd, Suite 201C
Asheville, NC 28803

FIRST NAME _____ LAST NAME _____ CREDENTIALS _____

TITLE _____ TELEPHONE NUMBER _____

EMAIL ADDRESS _____

MAILING ADDRESS: _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

- ☐ HAYWOOD COUNTY PROVIDERS ONLY: PHYSICIANS, PHYSICIAN ASSISTANTS, FREE
NURSE PRACTITIONERS, NURSES, OTHER ALLIED HEALTH. The **Haywood
Healthcare** Foundation has given a grant to pay the tuition for Haywood
County providers, please complete the name of employer and address of
your employer above to qualify.
- ☐ PHYSICIANS ONLY: NON-HAYWOOD COUNTY PROVIDERS \$150
- ☐ ALLIED HEALTH: NON-HAYWOOD COUNTY PROVIDERS INCLUDING PHYSICIAN \$75
ASSISTANTS, NURSE PRACTITIONERS, NURSES, OTHER ALLIED HEALTH